

Clerk Copy

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

North Eastern District of Illinois

Federal Civil Division

Nathaniel Smith

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jason Stewart/Paul Peterson/Tom Smith/Citgo
Defendant(s) C.A.

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

1:17-cv-09085

Judge Robert M. Dow, Jr.

Magistrate Judge Michael T. Mason

Case

Jury Trial: (check one) Yes No

RECEIVED

DEC 18 2017

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Nathaniel Smith

Street Address

1120 Canal Street

City and County

Ottawa IL 61342 LaSalle County

State and Zip Code

Illinois 61342

Telephone Number

815-764-3534

E-mail Address

Smithnile1126@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
 Job or Title (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (if known)

Officer Paul Peterson
 Officer Mendota Police Department

Mendota LaSalle County
 Illinois 61342
 815 539 9331

Defendant No. 2

Name
 Job or Title (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (if known)

Jason Stewart
 Lieutenant

Mendota LaSalle
 Illinois 61342
 815 539 9331

Defendant No. 3

Name
 Job or Title (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (if known)

City of Mendota

Mendota LaSalle County

Defendant No. 4

Name
 Job or Title (if known)
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address (if known)

Chief Tom Smith
 Chief of Police Mendota

Mendota Illinois LaSalle County
 Illinois 61342
 815 539 9331

Defendant No. 5

LaSalle County
 Illinois 61342

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

Federal question Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____

IV Relief

extreme testicle pain / extreme pain in wrist + led to ER. Visit and intake.
Unreasonable Force As Officer Paul Peterson ~~Officer~~ Inflicting Bodily harm....

Due to this the Relief I am seeking is in the form of Monetary Damages. Lieutenant Jason Stewart Verbally threatening me repeatedly in an aggressive manner caused me extreme pain and extreme stress and anxiety. I was in fear for my life due to this Unreasonable and Cruel intentional treatment I am seeking Relief in the form of monetary Damages.

* Chief Tom Smith is in charge of operations of Mendota Police Department and Due to his Negligence it was allowed ~~that~~ that these forms of Abuse Cruel and Unreasonable Punishment was inflicted upon me. I am seeking Relief in the form of monetary Damages.

* The City of Mendota is in part responsible for the standing of the Authorities of these named Defendants and Due to this Abuse and Bodily harm I am seeking Relief in the form of Punitive Monetary Damages.

* LaSalle County in turn is also responsible for the City of Mendota and their ongoing employment of these Defendants who violated my civil rights, and I am seeking Relief in the form of monetary Damages.

I Repeatedly asked Officer Stewart and Officer Peterson what the Grievance Procedure was. They Repeatedly told me there was no such thing....

Collectively I am Suing in the Monetary Relief of ~~\$~~ \$150,000,000.00

One Hundred and Fifty million Dollars.

Honestly, respectfully, justfully —

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On 12/12/17 I was brought into Medina Police Department For Questioning I was Compliant and honest I'm Not Aggressive. As I was Being Questioned By Officer Stewart He Repeatedly Verbally Threatened me Aggressively Saying He would Put me Back in Prison. I then was Handcuffed to a Bench and Cuffs were so tight that my wrist was in extreme Pain I asked them to Loosen CUFFS and they made other Verbal Threatening Statements and only after Bossing they Loosened CUFFS. They then told me to undress and I did I'm not Sure them to Search me while Officer Peterson searched me he hit me in testicles which caused extreme Pain also while Being searched I suffered extreme Back Pain I which I told them I was in a car accident and they mocked me and continued further causing me extreme Pain

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

See Attached

Page 4/1

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

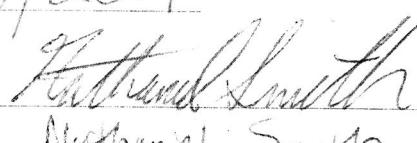
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

2/13/2017

Signature of Plaintiff



Printed Name of Plaintiff

Nathaniel Smith

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

The Complaint I bring Before
You and this Court occurred
on Dec 12 2017 —

These Forms of Civil Violations
occurred on Dec. 12, 2017 —

COPY OF COMPLAINT & SUMMONS-VIOLATOR'S COPY
NON-TRAFFIC COMPLAINT AND NOTICE TO APPEAR

IN THE CIRCUIT COURT OF THE
~~THIRTEENTH~~ JUDICIAL CIRCUIT
~~MCALLE~~ COUNTY, ILLINOIS

A MUNICIPALITY PLAINTIFF VS.

D E F E N D A N T	NAME	Smith	Last	First	Middle						
	ADDRESS				Street						
CITY				State	Zip Code						
DR. LIC.	1530-6308-9175	<input type="checkbox"/> CDL		State <u>FL</u>							
Eyes	<u>H26</u>	Ht.	<u>5'6"</u>	Wt.	<u>230</u>	Sex	<u>M</u>	Race	<u>WHI</u>	Date of Birth	<u>30/03/1973</u>
SS#				Phone No.							

IN VIOLATION OF I.L.C.S. I.R.S. Local Ord. Chap. 720 Act. 5 Sec./Par. 202
LOCAL ORDINANCE OF SAID MUNICIPALITY

A P P E A R A N C E	COURT LOCATION & DATE:	
	(Location of Offense)	
	<u>707 Etta Rd</u>	
	<u>Ottawa</u>	ILLINOIS <u>61350</u> ON <u>4/21/17</u> AT <u>9:00</u> AM/PM
	<input checked="" type="checkbox"/> YOU MUST APPEAR IN COURT in person on the above date.	
	NOTICE: THE COURT WILL ISSUE A WARRANT FOR THE ARREST OF ANY DEFENDANT WHO HAS FAILED TO APPEAR TO ANSWER AN ARREST TICKET DULY SERVED UPON HIM AND UPON WHICH A COMPLAINT HAS BEEN FILED.	

BOND POSTED CASH \$ BOND POSTED OTHER \$ BOND POSTED CASH & OTHER \$

Under penalties as provided by law for false certification pursuant to Section 1-109 of the Code of Civil Procedure and perjury pursuant to Section 32-2 of the the Criminal Code of 1961, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signed and sworn to before me

Date

Dated September 12, 1947 Year 1947

AFTER VISIT SUMMARY

Nathaniel J. Smith MRN: 05450381

Hospitalized Due to excessive force *unreasonable*

 12/13/2017 SEMC EMERGENCY 815-433-3100

Instructions

**Read the attached information**

- 1. Back Pain, Relieving (English)
- 2. Testicular Pain, Unclear Cause (English)
- 3. Bone Bruise (Bone Contusion), Understanding (English)

**Follow up with DAVID A SCHOLL, MD**

Specialty: Family Medicine
 Contact: 1405 E 12TH ST
 Mendota IL 61342
 815-538-7200

What's Next

DEC
15
2017**MR Spine WO Contrast**Friday December 15 10:30 AM
 ARRIVAL INSTRUCTIONS:

* Please arrive a minimum of 30 minutes prior to your scheduled exam time.

DURATION:

* Up to 1 hour.

DIET:

* No restrictions.

MEDICATIONS:

* May take medications as prescribed.

* Please bring a complete list of your current medications and dosages.

ATTIRE:

* Please wear comfortable clothing that is free of any metal. You may be asked to

wear a gown if necessary.

* All jewelry and piercings will need to be

removed prior to the exam.

PATIENT INFORMATION:

* This exam requires being confined to a

considerably small space.

Claustrophobic

SPMC MRI
 1401 East 12th Street
 Mendota IL 61342-9216
 815-539-7461

Today's Visit

You were seen by CASEY JAMES
HOLLENSTEINER, MD

Reason for Visit

Generalized Body Aches

Diagnosis

- Chronic low back pain
- Contusion of right wrist, initial encounter
- Testicular pain, right

Lab Tests Completed

Urinalysis Microscopic If Indicated

Your End of Visit Vitals

Blood Pressure
 157/79

Temperature (Tympanic)
 98.3 °F

Pulse
 116

Respiration
 12

Oxygen Saturation
 98%

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://www.osfmychart.org/osfmychart/>, click "Sign Up Now", and enter your personal activation code: **KD6W7-VGW4H-RBXD6**. Activation code expires 2/4/2018.